Baby Steps: Infant Toddler Quality Improvement Project Invoice 2008-2009
Office of Child Care

Invoice Number: _____   Billing Period (circle): 1st   2nd   3rd

Center Name: _____

Mailing Address: _____

City: _____   Zip Code: _____

Contact Name: _____   Telephone: _____

Vendor Number _____   Contract Number _____

INVOICE CALCULATION (Do not write in the gray sections)				
1. Reimbursement for training: $110.00 multiplied by _____ classrooms				**1.**
Circle the target month:	**Total Monthly Attendance**	**No. of days in the Month**	**No. of enrolled Children**	
Sept. 2008 (1st billing period) Jan. 2009 (2nd billing period) April 2009 (3rd billing period)				
Average Daily Attendance (ADA) = Monthly Attendance divided by the number of days in the month. Write this number here: _____.				
2. Stipend Amount. Refer to ADA invoice chart below				**2.**
3. **Invoice total** (Add Line **1** + Line **2**) =				**3.**

ADA INVOICE CHART – Stipend Amount

YOUR ADA (Average Daily Attendance)	Invoice Amount (Write this amount on the invoice amount line)
1 – 4.4	$600
4.5 – 8.4	$800
8.5 – 12.4	$1200
12.5 – 16.4	$1600
16.5 – 20.4	$2000
20.5 – 24.4	$2400
24.5 - 28.4	$2800
28.5 and above	$3200

REQUIRED ENCLOSURES: Goal Report Forms ____ **Training Report** ____ **Attendance Form** _____

_____   _____
Grantee Signature   Date

For Office of Child Care Use Only							
Fund	Agency	Low Org	Appr Code	Activity Code	Object Code	Report Category	Amount
1000	6000	6160	NJH	6ITG		CCIT	

Approved by:_____ Program Specialist Date: _____